FORM D

UNITED STATES SECURITIES AND EXCHANGE COMMISSIONSEC Mail Processing MB Number: Washington, D.C. 20549 Section Expires:

FORM D

UNIFORM LIMITED OFFERING EXEMPTION

MAY 16 2008

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION Mashington, DC SECTION 4(6), AND/OR

SEC USE	ONLY
Prefix	Serial
DATE RE	CEIVED
	1

Name of Offering (check if this is an amen	dment and name has changed, and indicate change.)	
Unishippers Holdings, L.L.C.		
	☐ Rule 504 ☐ Rule 505 ☒ Rule 506 ☐ Section 4(6) ULOE
Type of Filing: ☐ New Filing ☒ Amer	ndment	
	A. BASIC IDENTIFICATION DATA	
1. Enter the information requested about the iss	suer	
Name of Issuer (check if this is an amendme	ent and name has changed, and indicate change.)	08048731
Unishippers Holdings, L.L.C.		
Address of Executive Offices	(Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
101 N. Cherry Street, Suite 400	Winston -Salem, North Carolina 27101	(336) 733-0359
Address of Principal Business Operations (if different from Executive Offices)	(Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
Brief Description of Business		
Provides franchising and reselling shipping service	es and related operations	
Type of Business Organization		
□ corporation □	limited partnership, already formed Souther (pleaformed)	ase specify): limited liability company, already
☐ business trust ☐	limited partnership, to be formed	PROCESSED_
	Month Year	1/
Actual or Estimated Date of Incorporation or Orga	anization: 1 0 0 7 🛛 Actual 🔲	Estimated MAY 2 2 2008
	nter two-letter U.S. Postal Service abbreviation for State: CN for Canada; FN for other foreign jurisdiction)	THOMSON RELITERS

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

- ATTENTION-

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

A. BASIC IDENTIFICATION DATA

- 2. Enter the information requested for the following:
 - Each promoter of the issuer, if the issuer has been organized within the past five years;
 - Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
 - Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and

Each general and ma	inaging partner c	a partnership issuers.				
Check Box(es) that Apply:	□ Promoter	⊠ Beneficial Owner	Executive Officer	Director		General and/or Managing Partner
Full Name (Last name first, if in BB&T Capital Partners II, LLC	idividual)					
Business or Residence Address	(Number and S	treet, City, State, Zip Code)				
101 N. Cherry Street, Suite 400,	Winston Salem,	NC 27101				
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	Executive Officer	Director (Manager)		General and/or Managing Partner
Full Name (Last name first, if in Steven J. Nelson	dividual)					
Business or Residence Address 746 East Winchester Street, Suit	•					
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	☑ Executive Officer	Director		General and/or Managing Partner
Full Name (Last name first, if in Kevin Lathrop	dividual)					
Business or Residence Address						
746 East Winchester Street, Suit	te 200, Salt Lake	City, Utah 84107				
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner		Director		General and/or Managing Partner
Full Name (Last name first, if in Steven B. Leavitt	dividual)					
Business or Residence Address 828 Highland Oaks Drive, Boun	•					
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner		Director (Manager)	_	General and/or Managing Partner
Full Name (Last name first, if in Daniel J. Lockwood	dividual)					
Business or Residence Address 746 East Winchester Street, Suit	•	, , , , , , , , , , , , , , , , , , , ,				
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner		Director		General and/or Managing Partner
Full Name (Last name first, if in Joseph Curtis	dividual)					
Business or Residence Address 746 East Winchester Street, Suit	•					
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner		☐ Director		General and/or Managing Partner
Full Name (Last name first, if in Dennis Heaps	dividual)					
Business or Residence Address 746 East Winchester Street, Suit	•					
	_					·

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

A. BASIC IDENTIFICATION DATA

- 2. Enter the information requested for the following:
 - Each promoter of the issuer, if the issuer has been organized within the past five years;
 - Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
 - · Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
 - Each general and managing partner of partnership issuers.

Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	Executive Officer	☐ Director ☐ General and/or (Manager) Managing Partner
Full Name (Last name first, if in Thomas H. Westbrook	ndividual)			
Business or Residence Address 746 East Winchester Street, Sui	•	treet, City, State, Zip Code City, Utah 84107)	
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director ☐ General and/or (Manager) Managing Partner
Full Name (Last name first, if in Martin Gilmore	ndividual)			
Business or Residence Address	•)	
746 East Winchester Street, Sui				
Check Box(es) that Apply:	Promoter	Beneficial Owner	☐ Executive Officer	☐ Director ☐ General and/or (Manager) Managing Partner
Full Name (Last name first, if it Scott L. Snow	nđividual)			
Business or Residence Address 746 East Winchester Street, Sui	`)	·
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director ☐ General and/or (Manager) Managing Partner
Full Name (Last name first, if it Dan R. Paxton	ndividual)			
Business or Residence Address 746 East Winchester Street, Sui)	
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	Executive Officer	☐ Director ☐ General and/or (Manager) Managing Partner
Full Name (Last name first, if it Daniel R. Reese	ndividual)			
Business or Residence Address 746 East Winchester Street, Sui)	
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director ☐ General and/or Managing Partner
Full Name (Last name first, if it	ndividual)			
Business or Residence Address	(Number and S	treet, City, State, Zip Code)	
Check Box(es) that Apply:	Promoter	Beneficial Owner	☐ Executive Officer	☐ Director ☐ General and/or Managing Partner
Full Name (Last name first, if it	ndividual)			
Business or Residence Address	(Number and S	treet, City, State, Zip Code)	
	(I	Jse blank sheet, or copy and	d use additional copies of th	nis sheet, as necessary.)

	B. INFORMATION ABOUT OFFERING		
1.	Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?	Yes	No ⊠
1.	Answer also in Appendix, Column 2, if filing under ULOE.		
2.	What is the minimum investment that will be accepted from any individual?	\$_50,000)
3.	Does the offering permit joint ownership of a single unit?	Yes ⊠	No □
	Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any		u
4.	commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.		
Full N N/A	ame (Last name first, if individual)		
Busine	ess or Residence Address (Number and Street, City, State, Zip Code)	-	
Name	of Associated Broker or Dealer		
	in Which Person Listed Has Solicited or Intends to Solicit Purchasers Check "All States" or check individual States)	All States	
`	AL AK AZ AR CA CO CT DE DC FL GA HI	ID	
	IL IN IA KS KY LA ME MD MA MI MN MS	MO	
	MT NE NV NH NJ NM NY NC ND OH OK OR	PA	
	RI SC SD TN TX UT VT VA WA WV WI WY	PR	
Full N	ame (Last name first, if individual)		
Busine	ess or Residence Address (Number and Street, City, State, Zip Code)		
Name	of Associated Broker or Dealer		
	in Which Person Listed Has Solicited or Intends to Solicit Purchasers Check "All States" or check individual States)	All States	
	AL AK AZ AR CA CO CT DE DC FL GA HI	ID	
	IL IN IA KS KY LA ME MD MA MI MN MS	МО	
	MT NE NV NH NJ NM NY NC ND OH OK OR	PA	
	RI SC SD TN TX UT VT VA WA WV WI WY	PR	
Full N	ame (Last name first, if individual)		
Busine	ess or Residence Address (Number and Street, City, State, Zip Code)	-	· · · ·
Name	of Associated Broker or Dealer		
	in Which Person Listed Has Solicited or Intends to Solicit Purchasers Check "All States" or check individual States)	All States	
	AL AK AZ AR CA CO CT DE DC FL GA HI	ID	
	IL IN IA KS KY LA ME MD MA MI MN MS	МО	
	MT NE NV NH NJ NM NY NC ND OH OK OR	PA	
	RI SC SD TN TX UT VT VA WA WV WI WY	PR	

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero". If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.				
	Type of Security		regate ng Price	Amo	ount Already Sold
	Debt		0	\$	0
	Equity		0	s	
	Common Preferred	Ψ	<u> </u>	Ψ	_ ~
	Convertible Securities (including warrants)	\$	0	s	0
	Partnership Interests		0		0
	Other (Specify Membership Units in LLC)		33,333.32		3,983,333.32
	Total	-			3,983,333.32
		\$ <u>18,9</u>	33,333.32	\$ <u>16</u>	1,983,333.32
•	Answer also in Appendix, Column 3, if filing under ULOE.				
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."				
			mber	Dol	Aggregate lar Amount Purchases
	Accredited Investors	8		\$ <u>18,</u>	983 <u>,333.32</u>
	Non-accredited Investors	0		\$	0
	Total (for filings under Rule 504 only)		 	\$	
	Answer also in Appendix, Column 4, if filing under ULOE.				
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1.				
	m com:	• •	oe of	Dol	lar Amount
	Type of Offering		urity		Sold
	Rule 505			<u> </u>	
	Regulation A			\$	
	Rule 504			\$	
	Total			\$	
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.				
	Transfer Agent's Fees		🗆	s	0
	Printing and Engraving Costs			s	0
	Legal Fees			\$	30,000
	Accounting Fees			\$	0
	Engineering Fees			\$	0
	Sales Commissions (specify finders' fees separately)			S	0
	Other Expenses (identify) <u>state filing fees</u>			\$_	710
	Total			s	30,710

and total proceeds 5. Indicate each of check til gross process process and fer purchase of rear Purchase, rental and equipment Construction of Acquisition of offering that missuer pursuant Repayment of Working capital Other (specify) Column Totals	ter the difference between the aggregate offering price givestal expenses furnished in response to Part C – Question 4.a. ds to the issuer."	This difference is the same and the same are	ed to be used for an estimate and ual the adjusted	Payments to Officers, Directors, & Affiliates S S \$ \$	\$
each of check ti gross process process and fer purchase of rearming and equipment Construction of Acquisition of offering that m issuer pursuant Repayment of Working capital Other (specify)	of the purposes shown. If the amount for any purpose is the box to the left of the estimate. The total of the pay proceeds to the issuer set forth in response to Part C – Que fees	this	an estimate and ual the adjusted	Officers, Directors, & Affiliates \$ \$ \$ \$ \$ \$	Others \$ \$ \$
Purchase of real Purchase, rental and equipment Construction of Acquisition of offering that missuer pursuant Repayment of Working capital Other (specify)	real estate	this		Officers, Directors, & Affiliates \$ \$ \$ \$ \$ \$	Others \$ \$ \$
Purchase of real Purchase, rental and equipment Construction of Acquisition of offering that missuer pursuant Repayment of Working capital Other (specify)	real estate	this		□ \$ □ \$	□ \$
Purchase, renta and equipment Construction of Acquisition of offering that m issuer pursuant Repayment of Working capita Other (specify)	ntal or leasing and installation of machinery ent	this		□ s	
and equipment Construction of Acquisition of offering that m issuer pursuant Repayment of Working capits Other (specify)	or leasing of plant buildings and facilities	this		□ \$	
Construction of Acquisition of offering that m issuer pursuant Repayment of Working capita Other (specify) Column Totals	or leasing of plant buildings and facilities	this		□ \$	
Acquisition of offering that m issuer pursuant Repayment of Working capita Other (specify)	of other businesses (including the value of securities involved in may be used in exchange for the assets or securities of another ant to a merger)	this			□ \$
offering that m issuer pursuant Repayment of Working capita Other (specify)	may be used in exchange for the assets or securities of another ant to a merger)			M 010 052 €22 22	
issuer pursuant Repayment of Working capita Other (specify) Column Totals	of indebtedness			M #10 052 (22 22	
Other (specify) Column Totals	fy)			X \$18,832,623.32	□ \$
Other (specify) Column Totals	fy)			□ \$	
Column Totals				\$100,000	S
				□ \$	□ \$
I otal Payment	als				
· · · · · · · · · · · · · · · · · · ·	nts Listed (column totals added)		***************************************	<u>⊠ \$ 18,952,623,32</u>	2
TI . 1 11	· ·	L SIGNATURE	10.11		505 4 6 11 1
signature constitut	luly caused this notice to be signed by the undersigned courses an undertaking by the issuer to furnish to the U. Furnished by the issuer to any non-accredited investor pursuance.	S. Securities and Ex-	change Commiss		
Issuer (Print or Type Unishippers Holding	1 / 3 // 11 / 11 /	Southunk	Date May 7, 2008		
Name of Signer (Pri		21 /			
Thomas H. Westbro	rook Co-President, Unishippe	rs Holdings, L.L.C.			

Intentional misstatements or omission of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

	E. STATE SIGNATURE							
1.	Is any party described in 17 CFR 230.262 presently subject to any of the disqualification Yes provisions of such rule?							
	See Appendix, Column 5, for state response.							
2.	The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed a notice on Form D (17 CFR 239.500) at such times as required by state law.							
3.	The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.							
4.	The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform Limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.							
	suer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned uthorized person.							
`	Print or Type) Opers Holdings, L.L.C. Signature May 7, 2008							
Name (Print or Type) Title (Print or Type)							

Co-President, Unishippers Holdings, L.L.C.

Instruction:

Thomas H. Westbrook

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

					APPENDIX					
1	Intend to non-a investor	d to sell accredited is in State d-Item 1)	Type of security and aggregate offering price offered in state (Part C-Item I)		Type of investor and amount purchased in State (Part C-Item 2)				5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)	
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No	
AL										
AK										
AZ										
AR										
CA		X	Membership Units in LLC \$50,000.00	1	\$50,000.00	0	\$0		Х	
CO			,							
CT										
DE		Х	Membership Units in LLC \$500,000.00	1	\$500,000.00	0	\$0		Х	
DC										
FL										
GA										
HI										
ID										
ΙL										
IN										
IA										
KS										
KY			,							
LA										
ME										
MD										
MA							•			
MI										
MN										
MS										

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1	Intendent to non-a	d to sell accredited rs in State 3-Item 1)	3 Type of security and aggregate offering price offered in state (Part C-Item 1)		Type of investor and amount purchased in State (Part C-Item 2)				
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
МО									
MT									
NE									
NV									
NH							•		
NJ									
NM						'			
NY					1 				
NC		Х	Membership Units in LLC \$12,850,000.00	1	\$12,850,000.00	0	\$0		х
ND									
ОН									
OK									
OR							•		
PA									
RI									
SC									
SD									
TN									
TX									
UT		X	Membership Units in LLC \$5,583,333.32	5	\$5,583,333.32	0	\$0		Х
VT									
VA									
WA									
WV									
WI									
WY							וידן	ID	
PR								NU	